



**NOTICE OF INTENT TO OBTAIN COVERAGE UNDER NDPDES
GENERAL PERMIT FOR STORM WATER DISCHARGES
ASSOCIATED WITH INDUSTRIAL or MINING ACTIVITY**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 18686 (12/02)

FOR DEPT. USE ONLY

Application No.

Date Received

GENERAL INFORMATION

| | | | |
|-----------------------------------------|---------------------------------------|---------|----------|
| Name of Facility | Name of Owner/ Principal Executive | | |
| Mailing Address | City | State | Zip Code |
| Individual Responsible for Discharge | Phone No. | | |
| Mailing Address | City | State | Zip Code |
| Type of Ownership | State | Federal | Private |
| Other: | | | |

NATURE OF DISCHARGE

| | | | | | | |
|---------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---------------------------|--------------------------------------------|----------|-----------|
| STANDARD INDUSTRIAL CLASSIFICATION (SIC) | | | | Four Digit SIC Code(s): | | |
| Brief Description of Nature of Business: | | | | | | |
| Are any processing, loading/unloading, or storage activities exposed to precipitation or storm runoff? Yes No | | | | | | |
| Facility Location | Street | | | City | | |
| | OR | 1/4 | 1/4 | Section | Township | Range |
| | OR | Latitude | o | I | II | Longitude |
| Receiving Waters | Natural Surface Drainage | | | Name or Description of Receiving Waters | | |
| | OR | Municipal Storm Sewer | Name of City | | | |
| | | | Ultimate Receiving Waters | | | |

ADDITIONAL INFORMATION

| |
|---------------------------------------------------------------------------------------------------------------|
| Summarize or attach any existing quantitative and qualitative data pertaining to your storm water discharges. |
| Summarize any existing measures utilized to contain, treat, or reduce pollutants in storm runoff. |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| RETURN COMPLETED APPLICATION TO: North Dakota Department of Health Division of Water Quality 1200 Missouri Ave., Rm. 203 PO Box 5520 Bismarck, ND 58506-5520 Telephone: 701-328-5210 | I certify I am familiar with NDCC 61-28-08, and with the information contained in this application. To the best of my knowledge and belief, the information in this application is true, complete, and accurate. | |
| | Printed Name of Applicant | Title |
| | Signature of Applicant | Application Date |

NORTH DAKOTA DEPARTMENT OF HEALTH NDPDES PROGRAM

Mining Stormwater Pollution Prevention Plan Guidance Forms



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PROJECT DESCRIPTION
North Dakota Department of Health
Division of Water Quality

SFN 19388 (11/02)

Project Name

Project Type

Project Location

Estimate of Project Size

Description of the Nature of Activity

Description of Existing Soils, Fill Material, and Erodibility of Such Soils

Proposed Timetable for Construction Activities

Name of Receiving Waters

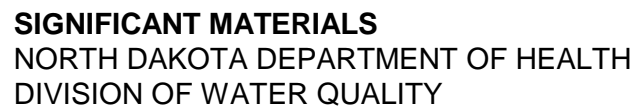
SITE MAP DEVELOPMENT

The site map should be suitably scaled and drawn to show the following required information:

MAP FEATURES

- 1) Mining site boundaries and area(s) of soil disturbance.
- 2) The location of springs, streams, wetlands, and other surface waters.
- 3) The location of areas used for storage of building materials, soils, or waste materials.
- 4) The locations of proposed and existing stormwater controls.
- 5) Stormwater runoff/run on drainage patterns.
- 6) Section, township, range, or lines of latitude and longitude.





INSTRUCTIONS: Based on your site's material inventory, provide the following information. For the definition of "significant materials," see Part VI of the permit. The **location** of the significant materials should be indicated on the site map.

[illegible]



BEST MANAGEMENT PRACTICES FOR EROSION AND SEDIMENT CONTROL
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 19389 (09/99)

STRUCTURAL PRACTICES:

| | |
|---------------------------------|---------------------------|
| Terraces/Contours | Drain Inlet Protection |
| Pipe Slope Drains | Brush Barriers |
| Straw Bale Dikes | Temporary Drain Diversion |
| Silt Fences | Drainage Swales |
| Infiltration Trenches or Basins | Sediment Traps |
| Earth Dikes | Temporary Sediment Basins |
| Rock Outlet Protection | Subsurface Drains |
| Check Dams | Retaining Walls |

Additional Practices:

NONSTRUCTURAL PRACTICES:

| | |
|-------------------|-------------------|
| Temporary Seeding | Permanent Seeding |
| Mulching | Grassed Waterways |
| Filter Strips | Tree Planting |
| Erosion Blankets | Sod Stabilization |

Additional Practices:



OTHER BEST MANAGEMENT PRACTICES

Spill Prevention methods, post construction controls and site inspections/maintenance

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF WATER QUALITY

SFN 19390-2 (11/02)

Description of Spill Prevention and Response Procedures:

Description of Post Construction Controls:

Description of Procedures for Site Inspections and Maintenance



OTHER BEST MANAGEMENT PRACTICES

Description of sediment tracking reduction and sediment recovery methods

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF WATER QUALITY

SFN 19390 (11/02)

Description of Methods to Reduce Sediment Tracking:

Description of Methods for Recovering Sediments:

Description of Methods for Handling and Disposing of Contaminated Soils:



Instructions: Please fill out the inspection information below for the permit number referenced above. See example below:

[illegible]



SIGNATORY CERTIFICATION
North Dakota Department of Health
Division of Water Quality
SFN 19137 (11/02)

For Department Use Only

Permit Number:

INSTRUCTIONS: The following statement shall be signed by a responsible corporate officer, general partner, principle executive officer or ranking elected official. The statement may be signed by a duly authorized representative of the person above in accordance with Part IV-E of the permit.

CERTIFICATION

"I _____, certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Printed Name of Applicant

Title

Signature of Applicant

Date

ADDITIONAL SIGNATURES

INSTRUCTIONS: If more than one signature is required on the Stormwater Pollution Prevention Plan, use the space provided.

| Date | Printed Name | Signature | Title | Company Name |
|------|--------------|-----------|-------|--------------|
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